

Wisconsin Department of Regulation & Licensing

Mail To: P.O. Box 8935
Madison, WI 53708-8935

FAX #: (608) 261-7083
Phone #: (608) 266-5432

1400 E. Washington Avenue
Madison, WI 53703
E-Mail: web@drl.state.wi.us
Website: <http://www.drl.state.wi.us>

IMPAIRED PROFESSIONALS PROCEDURE

SELF REPORT

Complete this form and submit it to IPP, at the address listed above on or before each quarterly due date. You may copy this blank form so you will have forms for future reports. It is recommended you keep a copy of each completed form for your files.

Name: _____ Due Date: _____
Last First Middle Month / Day / Year

Address: _____
Street City State Zip Code

Home Phone: (____) _____ Work Phone: (____) _____
Is this a new address or phone number? _____ Yes _____ No

THERAPY ATTENDANCE

Current Therapist: _____
Last First Middle

Number of sessions required by your agreement: _____ per _____ In compliance? _____ Yes _____ No

Dates of sessions attended and an explanation for missed sessions: _____

Has there been a change in your treatment program in the last quarter? _____ Yes _____ No

Have you received written approval to modify your program? _____ Yes _____ No

If not, contact IPP immediately.

Describe your relapse prevention plan. _____

Discuss issues you are working on in treatment. _____

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WORK SUPERVISION

Current Employer: _____

Is this new employment? _____ Yes _____ No If so, have you notified IPP? _____ Yes _____ No

Does your *Agreement for Participation* restrict your practice? _____ Yes _____ No

If so, are you in compliance with this restriction? _____ Yes _____ No

Describe how work is going. _____

Describe any problems/concerns in the workplace. _____

12-STEP ATTENDANCE (attach your signed meeting log)

How many 12-step groups are you required to attend per week? _____

How many per week have you attended during the last quarter? _____

Who is your sponsor? _____
Last First Middle

How often are you in contact with your sponsor? _____

What step are you working on? _____

What have you learned about your recovery during this quarter? _____

What service activities are you involved in? _____

What leisure activities have you participated in? _____

On a separate sheet, discuss your overall recovery (specifically include whether you have remained abstinent or whether you have relapsed).

12-Step Attendance Sheet

Name: _____
Last First Middle

Month: _____

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